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ABSTRACT

The concept of adaptation is approached from several directions: (1) a discussion of the meanings of adaptation; (2) a functional socio-cultural set of considerations on which one can base measurement in adaptive behavior; and (3) a practical, applied conceptualization relative to the utilization of the obtained information and the reasons for this type of measurement, and why criterion-referenced measurement is both more logical and more useful to the concept than norm-referenced approaches. The blend between the specific demands of society and the idiosyncratic needs of the handicapped do not fall into systematic or predictable patterns of growth and development. Developmentally disabled persons are not homogeneous, but they do have in common a failure to respond to "necessary and desirable" social demands in an appropriate manner. Once their mode of response is determined, a method of reversal can be developed on an individualized program basis. Appropriate measurement thus becomes the basis for prioritized identification of the reversable aspects of the problem. (Author)

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FROM CONCEPT TO MEASUREMENT IN ADAPTIVE BEHAVIOR

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When we review the assumptions and theoretical considerations relative to the concept of adaptive behavior as a measurement dimension in the area of mental retardation and developmental disability, it becomes apparent that the research and investigations covering broadly the period from 1959 forward, have established conclusions which are, in some ways, different from those which we were given in the beginning. When the AAMD Technical Planning Project under the chairmanship of Rick Heber published the first Manual in September 1959, the concept of Adaptive Behavior was expressly defined in terms of "1) the degree to which the individual is able to function and maintain himself independently and 2) the degree to which he meets satisfactorily the culturally imposed demands of personal and social responsibility." These considerations are still important and this was a very sound and effective base from which to start the development of a new measurement dimension. However, we must recognize that the refinement of the concept, the development of

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instruments, the use of these instruments and the almost 20 years of discussion, debate and experience with the concept have also born much fruit. In this sense, we need to return to square one and review the basis of this material with the 20/20 hindsight of this accumulative experience.

There is, for example, a statement in the original manual (Heber, 1959) "if an adequate standardized instrument were available for the measurement of adaptive behavior, the upper limit . . . could be presumably set, as with the measured intelligence dimension at greater than minus one standard deviation from the population mean," (page 61). This was based on the concept that we would be developing a norm reference scale, a standardized instrument in the psychometric sense and that the measurement of adaptive behavior would be considered along with the I.Q., achievement tests, and other norm-referenced instruments, as another quotient producing instrument in the test battery. Nothing could be further from the truth. And nothing would destroy the value of adaptive behavior measurement quicker than a movement toward that type of standardization.

The concept of adaptation can be approached from three frames of reference. The first is an armchair philosophical discussion of the "meanings" of the notion itself. The second is a functional socio-cultural set of considerations on which

one can base measurement. And the third is a practical, applied question relative to the utilization of the obtained information and the reason we are into this type of measurement in the first place, and why the consideration of norm-referenced measurement would be both illogical and destructive to the concept.

Looking at the first, the philosophical basis for the notion; I usually describe the broad phenomena in terms of a "persian carpet." That is, intellectual activity is a vast interaction between tiny independent threads which when the warp and the woof come together appropriately, make a complete picture which, while totally dependent on the existence of the individual threads, nonetheless cannot be said to exist because of the presence of any one of them.

For clinical convenience we usually divide these concepts of intellectual activity into five major areas. The first is the sensory motor area which provides the anatomical and organic base for all of the rest of the activity. The second is a cognitive area and includes all activities which, in terms of my personal orientation, may be considered the species specific activities of the human organism such as the gaining of new knowledge, the sorting and collation of knowledge for immediate use and the storage and retrieval processes for future use. The third aspect is the rate of learning, the tempo and rhythm

at which the cognitive processes proceed (and this seems to be the main element measured by I.Q. tests). The fourth area is adaptive behavior or the manner in which the individual copes with the impact of the environment, and finally social awareness which for me is the real measure of maturation between individuals. Thinking once again of the "persian carpet", if everything is properly woven, it is extremely difficult to sort out the threads and to determine which contributes what to the final picture, and thus in the individual where things seem to be "working," measurement can be conceptualized on an objective standardized basis by reasoning backward from the present picture or measuring what we determine to be the previous rate of learning and assuming that the processes were established in an orderly, systematic manner. However, again like the "persian carpet", if something goes wrong, if the threads are broken, if there is a hole in the picture, if one whole section of thread was left out, etc., it is necessary to try to determine where the error lay. But since such errors are typically nonsystemmatic and highly idiosyncratic, a different system of assumptions has to be developed and a different group of conclusions based on what is actually observable have to be drawn.

With adaptive behavior, one cannot consider the measurement of normal adaptive behavior except in terms of the absence of maladaptations. Whatever people do "normally" to cope with their environment is both natural and necessary and falls into a

pattern consistent with developmental growth and cognitive efficiency. However, when something goes wrong (and I recognize that this is a social judgement rather than an objective observation), then the errors in coping which have led to the indication that something maladaptive is occuring, must be observed, measured and defined in terms of their relationship to the social unit which describes them as maladaptive.

The second frame of reference, the question of functional, socio-cultural demands and measurements relate to this whole coping problem. Organisms which represent delayed or deficient development will not automatically be able to adapt in the same manner as more normally developing organisms. Therefore, they will be less able to meet societal demands. Socio-cultural groups set up their demands on the basis of what they consider to be necessary behavior on one hand or desirable behavior on the other. The concept of what is "necessary" is typically shared throughout most sections of the human family. These behaviors are typically based on survival, on interpersonal interaction and usually represent behaviors which do not make undesirable demands on other persons. Thus, for example, after a certain age a person is typically expected to handle eating needs, toileting needs, mobility needs, etc. The person is also expected to be able to live alongside others without hurting them or their property. And finally a person is usually expected to be as non-intrusive as possible but again within the context of age and development.

The "desirable" behaviors are those which specific groups within the culture designate as essential for them and these behaviors relate to such things as "manners", cleanliness, appearance, cooperation, and the elements of social adaptation. The ability to distinguish between the broad lines of behavior which are considered "necessary" across groups and those behaviors which are generally considered "desirable" but are very necessary within specific groups, requires social skills that even normal persons find difficult. For the mentally retarded or developmentally delayed, it is usually the lack of this skill of differentiation or the inability to choose the appropriate response to specific environmental cues which causes difficulty. This difficulty we have described as high social "visibility" which violates the third "necessary" social demand, that is that the person be as non-intrusive as possible in terms of age and growth considerations. Thus the mentally retarded or developmentally disabled person who has failed to read the environmental cues appropriately or has failed to choose the appropriate coping strategy has become overly "visible" and typically suffers the consequences. To put this in Piagettian terms, he describes adaptation as the balance between appropriate accomodation of external stimuli with appropriate assimilation of this material internally. If this process of accomodation and assimilation occurs appropriately, the resulting adaptation is both socially acceptable and aids in the learning and maturation of

the individual. If it is not handled appropriately then it is considered maladaptive and acts as a block to appropriate learning and delays maturation. Since different segments of society put forth different types of demands and since handicapped individuals have many idiosyncratic growth patterns, the interaction of social demands and idiosyncratic growth patterns creates extremely difficult conditions around which the individual must develop an appropriate or "adaptive" coping strategy. The measurement question would seem to rest almost entirely on how to take the various elements into consideration. It must be reflected that individuals typically do not "do nothing at all." That is, they are actively doing something instead of what we are expecting them to do. These "instead" behaviors may be highly adaptive for them. An individual may be dealing with the demands of the social unit at a level that is for this particular individual, a highly adaptive level even though the surrounding persons in the unit may consider it maladaptive. Or to state this differently, the handicapped person may be dealing with the situation at the highest degree of their ability, even though that is not sufficient for the rest of us. So a good measurement device must take these "instead" behaviors into consideration in attempting to judge the functioning of the individual under consideration. Further, since the social unit has its own definition of "desirable" behavior, the measurement device must take into consideration some process whereby

priorities of behavior can be determined and identified. Now at a practical level this would demand hundreds and hundreds of different scales consistent with the number of social units being measured. Since this becomes an assessment nightmare, the more appropriate approach seems to be the development of an instrument or a small group of instruments which are so organized that they can utilize highly subjective material along side of behavioral observation to determine where the specific individual falls in relationship to the peer group demanding the assessment. The ideal situation would clearly be local norming of the material based on the specific population group being considered (which should be the population group where the handicapped person has to survive). So there must be, as I indicated, an appropriate interweaving of information which will permit the examiner to utilize the "instead" behaviors on one hand and social priorities on the other in determining what type of adaptive behavior the client is expressing and what types of things must be considered in planning for this client.

We might say that if society has a problem in absorbing idiosyncratic individuals, it is society that must make the adjustment. However, we must also recognize that society has the right to expect certain types of behaviors, though if these behaviors do not occur, society has the responsibility to train individuals to behave in the way society demands. This sounds arbitrary, but since the survival of the whole is certainly as

important as the survival of the individual parts, some form of arbitrary compromise is necessary if both are to survive. Society has no right to become overbearing in its demands, but the individual also has no right to be totally idiosyncratic and outside of the scope of society. This compromise is really what adaptive behavior is all about.

The third element which we described in terms of the practical applied aspects, comes down to why we have gone into the question of adaptive measurement in the first place. Here again we need to look at society's demands and individual needs, and in this regard it is of ultimate importance that we know exactly what behaviors specific social units, such as schools, recreation areas, work placements, etc., will not tolerate. Remembering that the idiosyncratic, "visible" individual runs the risk of being separated from society, exploited, and/or generally treated not only as a second class citizen, but as a highly undesirable second class citizen. To prevent this, we must know what priorities social units are creating, where a specific handicapped individual fits into that system of priorities and what we can do about it. Measurement must then indicate which of those behaviors, for example, a school or a workshop or a living unit considers important; which are not being performed or are being performed too poorly to be tolerated; and which "instead" behaviors exist which also cannot be tolerated. We can then develop various types of individual habilitation and education plans to modify and reverse these behavioral patterns and make

it possible for the individual to maintain a sufficient level of invisibility to remain within the social unit. These essential behaviors obviously differ from cultural group to cultural group. There are sex differences, racial differences, language differences, age differences, and other unclassifiable differences that come under the broad headings of physical appearance and expressed behaviors. So that we must know how the individual performs within the priority areas, what are their current developmental levels, how specific behaviors are viewed by the "important persons" in the environment, (the teachers or the parents, for example), and what kinds of plans can be made to change both the behaviors and, often more necessary, the opinion of the "important others" concerning those behaviors. Thus, when an individual demonstrates a relatively low level of independent functioning, but a higher level of domestic activity, we get an impression that such a person is being over protected in their environment and some planning with the parents or guardian should be had so that changes could be effected. If, on the other hand, we find that the cognitive triad is running below the independent functioning level, then we recognize that the individual probably needs more training support and also more specific training in cognitive functions such as counting, money, or time concept, and these kinds of plans can be developed. In other words, the information has to be used to develop individual types of plans which can lead to the

creation of specific curricula or treatment programs which will permit the reversal of the behaviors which are producing the maladaptive image (Leland, Shoaee & Vayda, 1975).

Obviously such scales cannot themselves contain the curricula because this would demand a vast amount of unwieldy material which may or may not be appropriate to the particular individual being assessed. So the scales are not curriculum guides, but rather indicators of the type of curricula that should be sought. The scales cannot be entirely objective because behaviors are not entirely objective. They are viewed differently by parents than by teachers and the same behavior may be judged adaptive in one setting and maladaptive in another, depending on the reference group which the setting is using. So subjective judgements become a more valid measure of how the interaction of accomodation and assimilation is working in this particular individual than would be strictly objective measurements.

The scales thus, cannot depend upon norm referenced standardization because as we have stated the behaviors themselves are not "standard." Further, the blend between the particular demands of society and the idiosyncratic needs of the handicapped person do not fall into systematic or predictable patterns of growth and development. Mentally retarded and developmentally disabled persons are not homogeneous but they do have in common a failure to respond to "necessary and desirable" social demands in an appropriate manner. Once their mode of response is

determined, a method of reversal can be developed on an individualized program basis, and thus appropriate measurement of Adaptive Behavior can become the basis for prioritized identification of the reversable aspects of the problem.

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